ANONYMOUS (NO NAMES) SURVEY

Thank you for participating in this anonymous survey. This survey is a part of a study at University of California, Riverside on the nutritional (eating and drinking) habits of pregnant women. We would like to know what foods, drinks and medications you took during your pregnancy, during approximately what time period or trimester.

For each question please check ALL that apply. More than one box may be checked.

| During your pregnancy, did you eat | | | | | | | | | |
|------------------------------------|-----------------------|---------------------------------|--------------------------|--|--|--|--|--|--|
| | What kind? | How often? | When? | | | | | | |
| 1. Meat? | □ chicken | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| | □ beef | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| ☐ Yes | □ pork | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| □ No | □ other: | ☐ 4-6 times per week | | | | | | | |
| | | ☐ 7+ times per week | | | | | | | |
| 2. Fish? | □ tuna | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| | □ salmon | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| ☐ Yes | □ talapia | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| □ No | □ other: | ☐ 4-6 times per week | 1 0 1 | | | | | | |
| | | ☐ 7+ times per week | | | | | | | |
| 3. Canned | ☐ fruit or vegetables | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| Foods? | □ soup | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| | □ tuna | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| ☐ Yes | ☐ other: | ☐ 4-6 times per week | 1 0 7 | | | | | | |
| □ No | | ☐ 7+ times per week | | | | | | | |
| 4. Sugary | ☐ chocolate | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| Deserts? | ☐ ice cream | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| | ☐ baked goods | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| ☐ Yes | □ other: | ☐ 4-6 times per week | | | | | | | |
| □ No | | ☐ 7+ times per week | | | | | | | |
| 5. Fast Foods? | ☐ burgers | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| | ☐ chicken products | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| ☐ Yes | ☐ french fries | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| □ No | □ other: | ☐ 4-6 times per week | 1 6 7 | | | | | | |
| | | ☐ 7+ times per week | | | | | | | |
| 6. Fresh Fruit? | ☐ bananas | ☐ 1-3 times in entire pregnancy | ☐ beginning of pregnancy | | | | | | |
| | ☐ apples | ☐ 1-3 times per month | ☐ middle of pregnancy | | | | | | |
| ☐ Yes | □ oranges | ☐ 1-3 times per week | ☐ end of pregnancy | | | | | | |
| □ No | □ other: | ☐ 4-6 times per week | | | | | | | |
| | | ☐ 7+ times per week | | | | | | | |
| | | • | | | | | | | |

| During your pregnancy, did you drink | | | | | | | | |
|--------------------------------------|-----------------|---------------------------------|--------------------------|--|--|--|--|--|
| | What kind? | How many glasses/cans/bottles? | When? | | | | | |
| 1. Water? | ☐ tap water | ☐ 1-3 total in entire pregnancy | ☐ beginning of pregnancy | | | | | |
| | □ bottled water | ☐ 1-3 per month | ☐ middle of pregnancy | | | | | |
| ☐ Yes | ☐ home filtered | ☐ 1-3 per week | ☐ end of pregnancy | | | | | |
| □ No | □ other: | ☐ 4-6 per week | | | | | | |
| | | ☐ 7+ per week | | | | | | |
| 2. Energy Drinks? | ☐ Monster | ☐ 1-3 total in entire pregnancy | ☐ beginning of pregnancy | | | | | |
| | ☐ Red Bull | ☐ 1-3 per month | ☐ middle of pregnancy | | | | | |
| ☐ Yes | ☐ Rockstar | ☐ 1-3 per week | □ end of pregnancy | | | | | |
| □ No | □ other: | ☐ 4-6 per week | | | | | | |
| | | ☐ 7+ per week | | | | | | |
| 3. Milk? | □ whole | ☐ 1-3 total in entire pregnancy | ☐ beginning of pregnancy | | | | | |
| | ☐ low-fat | ☐ 1-3 per month | ☐ middle of pregnancy | | | | | |
| ☐ Yes | □ skim | ☐ 1-3 per week | ☐ end of pregnancy | | | | | |
| □ No | □ organic | ☐ 4-6 per week | - | | | | | |
| | ☐ other: | ☐ 7+ per week | | | | | | |

| 4. Juice? | ☐ orange | 1 | l-3 total in entire pregna | ncy | ☐ beginning | of pregnancy | | | |
|---|----------------------------|---------------------------------|---|------------------|--------------------------|------------------|--|--|--|
| | ☐ apple | □ 1 | 1-3 per month | | ☐ middle of | pregnancy | | | |
| ☐ Yes | ☐ juice blends | □ 1-3 per week | | | ☐ end of pregnancy | | | | |
| □ No | ☐ other: | ☐ 4-6 per week | | | | | | | |
| | | | 7+ per week | | | | | | |
| 5. Beer or Wine? | ☐ beer | | l-3 total in entire pregna | ncy | | g of pregnancy | | | |
| | □ wine | | 1-3 per month | | ☐ middle of | | | | |
| ☐ Yes | ☐ malt beverage | ☐ 1-3 per week | | | ☐ end of pregnancy | | | | |
| □ No | ☐ other: | ☐ 4-6 per week | | | | | | | |
| | | | 7+ per week | | | | | | |
| 6. Coffee, tea, or | □ coffee | ☐ 1-3 total in entire pregnancy | | ncy | ☐ beginning of pregnancy | | | | |
| soda? | □ tea | | 1-3 per month | | ☐ middle of | | | | |
| ☐ Yes | □ soda | | 1-3 per week | | ☐ end of pre | egnancy | | | |
| □ No | ☐ decaf beverages | | 1-6 per week | | | | | | |
| I INO | □ other: | □ / | 7+ per week | | | | | | |
| 7 Mi J Jil | | | 12441: 4 | | - | C | | | |
| 7. Mixed drinks or liquor? | ☐ mixed drinks | | 1-3 total in entire pregna | ncy | | g of pregnancy | | | |
| inquor: | ☐ liquor/shots ☐ other: | | 1-3 per month | | ☐ middle of | | | | |
| ☐ Yes | □ other: | | l-3 per week l-6 per week | | □ end of pre | egnancy | | | |
| □ No | | | 7+ per week | | | | | | |
| 110 | | / | + per week | | | | | | |
| | During | vour n | regnancy, did you take | ` | | | | | |
| | What kind? | your p | How often? | ••• | When? | | | | |
| 1. Over-the-counter | sinus decongestants | | ☐ 1-3 times in entire | nregnancy | beginning of pregnancy | | | | |
| medications? | ☐ cough/cold syrup | | ☐ 1-3 times per month | | ☐ middle of pregnancy | | | | |
| incurcuitoris. | ☐ ibuprofen (Advil) | | ☐ 1-3 times per mont | | end of p | | | | |
| ☐ Yes | aspirin | | ☐ 4-6 times per week | | iii cha or pr | regnancy | | | |
| □ No | ☐ acetaminophen (Tyl | enol) | ☐ 7+ times per week | | | | | | |
| | □ other: | -1101) | □ / · · · · · · · · · · · · · · · · · · | | | | | | |
| 2. Prescription | ☐ prenatal vitamins | | ☐ 1-3 times in entire | pregnancy | ☐ beginnin | g of pregnancy | | | |
| medications? | ☐ antidepressants | | ☐ 1-3 times per mont | | ☐ middle of pregnancy | | | | |
| | ☐ morning sickness m | eds | ☐ 1-3 times per week | | end of p | regnancy | | | |
| ☐ Yes | □ pain medication | | ☐ 4-6 times per week | | | | | | |
| □ No | ☐ other: | | ☐ 7+ times per week | | | | | | |
| What is your age? | oout yourself: Please che | | - | — 52.6.26 | | | | | |
| □ [18-20] | □ [21-25] □ | [26-29 | 9] 🗆 [30-35] | □ [36-39 | 9] 🗆 | [40+] | | | |
| What is your ethnicity? | | | | | | | | | |
| ☐ White | ☐ Hispanic ☐ A | frican | -American ☐ Asi | an/Pacific I | slander | ☐ Middle Eastern | | | |
| What is your highest lev | | | | | | | | | |
| ☐ Elementary School | ☐ Middle School | ПН | igh School ☐ Some | College | ☐ College Deg | gree | | | |
| Liementary School | □ Wilddie Sellooi | □ II. | | conege | _ College De | | | | |
| | | | | | | Degree | | | |
| What is your household | income? | | | | | | | | |
| □ \$0-\$25,000 | □ \$25,001-\$50,000 | | \$50,001-\$75,000 | □ \$75,001 | - \$100,000 | □ \$100,000+ | | | |
| How far along were you when you found out you were pregnant (what month)? | | | | | | | | | |
| □1st □2i | nd □3rd □ |]4th | 5th | ı 🗆 | 7th □8th | □9 th | | | |
| How many weeks pregnant are you now? Or how many weeks postpartum? | | | | | | | | | |
| I J John pregn | , | | , Postpartam. | | | <u>-</u> | | | |